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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge
(37 CFR 1.16 (e)) required)

Attorney Docket Number	US020549
First Named Inventor	JOSEPH W. GREZ
<i>COMPLETE IF KNOWN</i>	
Application Number	/
Filing Date	CONCURRENTLY
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PUMP SYSTEM FOR A PERSONAL CARE APPLIANCE

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) **12/18/2002** as United States Application Number or PCT International

Application Number **60/434,624** **and was amended on (MM/DD/YYYY)** **[Redacted]** **(if applicable).**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, and further acknowledge that I am aware of the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is

Prior Foreign Application Number(s) Country Foreign Filing Date (MM/DD/YYYY) Country Priority Not Claimed Certified Copy Attached?				
			<input type="checkbox"/>	YES NO
			<input type="checkbox"/>	

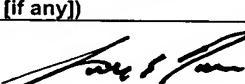
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Joseph W.		Family Name GREZ or Surname	
Inventor's Signature				Date X 11/26/03	
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Residence: City	State	Country			
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Mailing Address					
North Bend	WA	98045	US	Country	
City	State	Zip			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Family Name HALL or Surname			
Inventor's Signature				Date X 11/26/03	
Issaquah	Washington	United States	United States	Citizenship	
Residence: City	State	Country			
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City	State	Zip			
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					